Effective December 29, 1999 09 653365										05
CLAIMS AS FILED - PART I (Column 1) (Column 2)							L ENTITY	OR	OTHER SMALL	1
FC)R	NUMB	NUMBER FILED NUM		EXTRA	RATE	E FEE]	RATE	FEE
ВА	SIC FEE						345.00	OR		690.00
ТО	TAL CLAIMS	36	minus :	minus 20= * / 6		X\$ 9	=	OR	X\$18=	288
IND	EPENDENT CL	AIMS 7	minus	3 = '		X39=	=	OR	X78=	3/2
MULTIPLE DEPENDENT CLAIM PRESENT						+130	=	OR	+260=	
If the difference in column 1 is less than zero, enter "0" in column 2							\L	OR	TOTAL	11.90
(Column 1) (Column 2) (Column 3)							LL ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-		RATE	ADDI- TIONAL FEE
MON	Total	• 36	Minus	**	=	X\$ 9	=	OR	X\$18=	
\ME!	Independent	. 7	Minus	•••	=	X39=	=	OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					.400			.060	
BEST AVAILABLE COPY						+130		OR	+260= TOTAL	ļ
	. •				٠	ADDIT. F		OR	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- E TIONAL FEE		RATE	ADDI- T!ONAL FEE
Š	Total	•	Minus	**	=	X\$ 9	=	OR	X\$18=	
AME	Independent	•	Minus	•••	=	X39=	=	OR	X78=	
	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDENT CLAIM	1	+130	=	OR	+260=	
						TOT		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. F	- C E	_	AUUH, FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••	=	X\$ 9:		OR	X\$18=	
ME	Independent		Minus	***	=	X39=	:	1	X78=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR		
+130= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+260=	l
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								4		
•••	If the "Highest Nu	mber Previously P	aid For" IN THI	IS SPACE is less tha	an 20, enter *20."			OR	TOTAL ADDIT, FEE	

Application or Docket Number